

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028245

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

172

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY

RANDOLPH

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MOBERLY

Length of stay in 1b

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

WOODLAND HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

CARROLL

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

DE WITT

d. STREET ADDRESS

(If outside, give location)

SMITH TOWNSHIP

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
JOHN FRANKLIN VEATCH

4. DATE OF DEATH

Month Day Year

JULY 9 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-3-1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CAR REPAIRMAN

10b. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (City and state or country)

LIBSON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JACOB JACKSON VEATCH

13b. MOTHER'S MAIDEN NAME

JULIA HALL

14. NAME OF HUSBAND OR WIFE

BEULAH VEATCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Alice Doty, Brunswick, Mo.

Address

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident 2d.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis Genl.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.):

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 62 to July 9, 1962

and last saw her alive on

7/9/62

Death occurred at

1:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert H. Hession MD

22b. ADDRESS

121 S. Wens. St. De Witt, Mo.

22c. DATE SIGNED

7/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JULY 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

EVERGREEN CEM.

23d. LOCATION (City, town, or county)

DE WITT, MISSOURI

24. FUNERAL DIRECTOR

Hesselt & Koch, Brunswick, Mo.

25. DATE RECD. BY LOCAL REG.

7-10-62

26. REGISTRAR'S SIGNATURE

S. S. S. S.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 5 1962

SEP 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.